Coverdell Education Savings Account (CESA) Application

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Mail to: Calamos Family of Funds

c/o U.S. Bancorp Fund Services, LLC P. O. Box 701 Milwaukee, WI 53201-0701

Overnight mail to: Calamos Family of Funds

c/o U.S. Bancorp Fund Services, LLC 615 E. Michigan St., 3rd Floor Milwaukee, WI 53202-5207

To complete this application, you will need:

- » Social Security Numbers for all registered holders
- » Permanent street addresses for all registered holders
- » A check for your initial investment payable to Calamos Funds
- » A voided check for automatic investing (if applicable)
- » Signatures of any co-owners
- » Date of birth of all registered holders

. YOUR ACCOUNT	☐ Coverdell Education Savings Ac	count (CESA) For th	e Tax Ye	ar			
NFORMATION	☐ Rollover Account—specify the ☐ Account Holder's CE	SA to Account Holde					
Choose only one account type.	☐ Qualifying Family M						
	To transfer your account, complete at www.calamos.com.	e a "Transfer Form fo	r Individ	ual Retirem	ent Account and Coverdell Educa	ation Savings Acc	ount" form availa
	In compliance with the USA PATRI information for all registered owned permanent street address. Corporty your true identity. We will return your true identity.	ers or others who ma ate, Trust and other e	y be aut ntity acc	norized to a ounts requ	ict on an account: full name, dat ire additional documentation. Th	e of birth, Social his information w	Security Number, ill be used to verif
	In the rare event that we are unab value.	le to verify your iden	ity, the	und reserv	es the right to redeem your acco	ount at the curren	t day's net asset
	□ I/We already have other Calamos accounts.						
	\square This is my/our first account with	Calamos Family of F	unds.				
	Note: Your permanent address mu	st be within the Unit	ed State	s, an APO/F	PO or in a U.S. territory to open	an account.	
DESIGNATED BENEFICIARY							
ndicate the account holder.	First Name		M.I	Last Nam	e		
	Date of Birth (MM/DD/YYYY) Social Security Number E-mail Address*						
	*By providing your e-mail address	, you consent to rece	ive perio	dic e-mails	about Calamos Investments pro	ducts and service	es.
nis section must be completed.	PERMANENT STREET ADDRESS						
he beneficiary's permanent address annot be a P.O. Box.							
	Street Address						Apt./Suite #
	City					State	Zip Code
	,]
	Business Telephone		Ext		Home Telephone		
	MAILING ADDRESS						
	Street Address						Apt./Suite #
	City					State	Zip Code
							1

3. RESPONSIBLE PARTY				
ndicate the responsible party for the peneficiary.	First Name	M.I. Last Name		
	Date of Birth (MM/DD/YYYY)	Social Security Number	Relationship to Design	ated Beneficiary
	PERMANENT STREET ADDRESS			
This section must be completed.				
Your permanent address cannot be a P.O. Box. Note: Your permanent address must be within the United States, an APO/FPO or n a U.S. territory to open an account.	Street Address			Apt./Suite #
	City		State	Zip Code
	Business Telephone	Ext. Home Tele	phone	1
	I The responsible party wishes to centinue	to control the account after the Account Holder	attains aga of majority in his/ha	r stata in accordance
Jnless you specify otherwise, these options will be added to your account.	with the terms described in the optional	to control the account after the Account Holder a portion of Article VI of the Coverdell Education Sa o control the account after age of majority.		State III accordance
		eneficiary designated under this agreement to an family described in Article VI of the Coverdell Edu e the beneficiary.		ent.

4. INITIAL INVESTMENT

Please indicate your choice of Fund(s) and the amount of your initial investment: Maximum contribution per year is \$2,000. The minimum investment is \$500. Subsequent Investments: \$50 per fund account.

*As of July 31, 2009, Class B Shares are closed to new investments and new Class B share accounts can only be established via exchange or transfer from existing Class B share accounts. Please see the prospectus for more information.

Please review the prospectus carefully before submitting any purchase requests. If you have any questions, please call a customer service representative at 800.582.6959.

SELECT FUNDS	S	ELECT SHARE CLA	ASS	INITIAL INVESTMENT
□ Growth	□ A (606)	*B(613)	□ C (620)	\$
☐ Growth and Income	□ A (604)	*B(611)	□ C (618)	\$
☐ Discovery Growth	□ A (1975)	*B(1976)	□ C (1977)	\$
☐ Opportunistic Value	□ A (634)	*B(635)	□ C (636)	\$
☐ Focus Growth	□ A (641)	*B(642)	□ C (643)	\$
☐ Dividend Growth	□ A (1982)		□ C (1983)	\$
☐ Mid Cap Growth	□ A (2109)		□ C (2110)	\$
☐ Global Growth and Income	□ A (607)	*B(614)	□ C (621)	\$
☐ International Growth	□ A (645)	*B(646)	□ C (647)	\$
☐ Global Equity	□ A (1913)	*B(1914)	□ C (1915)	\$
☐ Evolving World Growth	□ A (1952)	*B(1953)	□ C (1954)	\$
☐ Emerging Market Equity	□ A (2347)		□ C (2348)	\$
□ Convertible	□ A (603)	*B(610)	□ C (617)	\$
☐ Market Neutral Income	□ A (605)	*B(612)	□ C (619)	\$
□ Long/Short	□ A (1947)		□ C (1948)	\$
☐ High Income	□ A (608)	*B(615)	□ C (622)	\$
□ Total Return Bond	□ A (1929)	*B(1930)	□ C (1931)	\$
☐ Fidelity Prime Money Market	□ A (1970)			\$

Purchased by: 1. Check for \$	made	made payable to Calamos Funds		
OR: 2. Wire \$ on [from [
For wire instructions: Call 800.582.6959	Date (MM/DD/YYYY)		Name of Bank	

5. SPECIAL SERVICES

As of July 31, 2009, Class B Shares are closed to new investments. Please see the prospectus for more information.

A. AUTOMATIC INVESTMENT PLAN

Note: Any co-signer of a checking or savings account who is not a joint owner of the Funds must authorize these services by signing below.

Signature of Joint Bank Account Owner (if applicable)

Signature of Bank Account Owner

City

 $\boldsymbol{\mathsf{X}}$

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Date (MM/DD/YYYY)

Date (MM/DD/YYYY)

State

Zip Code

B. TELEPHONE PURCHASE AND EXCHANGE PRIVILEGES

5. SPECIAL SERVICES (CONTINUED)

Unless you indicate otherwise, you will have telephone privileges.

 I do not want telephone PURCHASE privileges. I do not want telephone EXCHANGE privileges. I authorize U.S. Bancorp Fund Services, LLC to electronically Courchases requested by telephone.* 	CHARGE my bank account for future
*An unsigned, voided check or savings account deposit slip is	required with your application.
Name(s) on Bank Account	
Bank Name	
Account Number	Bank Routing Number/ABA
Account Number	Durk Routing Rumber/ADA
Bank Address	

This does not apply to Class B or Class I Shares.

C. RIGHTS OF ACCUMULATION

Signature of Joint Bank Account Owner (if applicable)

Signature of Bank Account Owner

X

□ I qualify for the cumulative quantity discount described in the prospectus. My other accounts within the Calamos Family of Funds are as follows:					
FUND NAME	ACCOUNT NUMBER	ACCOUNT NAME			

Date (MM/DD/YYYY)

Date (MM/DD/YYYY)

Zip Code

5. SPECIAL SERVICES (CONTINUED)

If you have elected direct deposit of your dividends, automatic investing or direct deposit of redemptions, you must attach a voided check or savings deposit slip.

D. BANK SERVICES

Tape your voided check or savings deposit slip here. Please do not staple.

6. DEALER/INVESTMENT ADVISER (TO BE COMPLETED BY THE DEALER/ADVISER IF APPLICABLE)

If your purchase of the Fund(s) was recommended by a dealer/adviser, please complete this section.

Dealer/Adviser/Firm Name		Dealer Number (optional)		
Branch		Branch Number		
Representative's First and Last Name		Representative Number		
Address			Suite/Flo	or/Department
City			State	Zip Code
Branch Telephone	Ext.			

7. HOUSEHOLDING AND CERTIFICATION	By signing this form, I consent to the "householded" delivery of any fund prospectus, shareho transaction confirmations or account statements) that I must legally receive. This means that I address believed by the Fund to be a member of my family will only receive a single prospectudelivery of my account statements or transaction confirmations.	and any other fund shareholder residing at my				
	$\hfill\Box$ Please check here if you do NOT consent to "householding" so each fund shareholder a report in the future.	t your address will receive their own prospectus/				
	I affirm that I have received a current prospectus of the Fund applied for and I agree to be bot and legal capacity to purchase shares of the Fund and to establish and use any related Priviley Privilege will apply to my account unless I have specifically declined this Privilege in Section 5	ges. I understand that the Telephone Exchange				
	I understand that by signing the application, unless the Privileges are declined, I agree that neither the Funds nor their Transfer Agent, their agents, officers, trustees, directors or employees will be liable for any loss, liability or expense for acting on instructions given under the Privileges, placing the risk of loss on me. See the discussion of Telephone Privileges in the prospectus.					
	I authorize the firm/registered representative listed in Section 6 of this application to have access to my account and to act on my behalf with respect to my account.					
	I acknowledge that I am solely responsible for determining the eligibility of any contributions and ensuring that total annual contributions will not exceed the amounts prescribed by applicable law.					
	Your mutual fund account may be transferred to your state of residence if no activity occurs with your account during the inactivity period specified in your State's abandoned property laws.					
	I certify, under penalties of perjury, that (a) all information and certifications on the application or other tax identification number provided in Sections 2 (Designated Beneficiary) and 3 (Resphave not been issued a number but have applied for one and (b) I am not subject to backup withholding, not being notified by the IRS of a failure to report all interest or dividend subject to backup withholding. (Note: you must draw a line through clause (b) of the preceding that you are currently subject to backup withholding due to a failure to report all interest and (including a U.S. Resident Alien) and that I am exempt from FATCA reporting. The IRS does n document other than the certifications required to avoid backup withholding. I agree that the and retain the proceeds from any of my account(s) with the Fund up to a total of (a) any IRS p the Fund or its transfer agent with correct and complete information requested by them and (which should have been withheld by them.	consible Party) or, if none is shown, I certify that I ithholding as a result of either being exempt from s, or the IRS has notified me that I am no longer g sentence if you have been notified by the IRS dividends.) I further certify that I am a U.S. Citizen of require your consent to any provision of this Fund and its transfer agent may redeem shares enalties attributable to my failure to provide either				
8. ACCEPTANCE BY PARTICIPANT	I hereby adopt the Calamos Investment Trust Individual Retirement Account Plan and appoint U.S. Bank, N.A. to serve as Custodian as provided therein. I have read the Plan documents, including the General Provisions on this form, and agree to be bound by their terms. I have received the current prospectus(es) of the Fund(s) in which my initial contribution is to be invested and agree to be bound by their terms, including the terms concerning the redemption of shares and shareholder services. I certify that I am a U.S. Citizen (including a U.S. Resident Alien).					
Sign exactly as listed in "Your Account Type".	x					
	Depositor/Legally Responsible Individual's Signature	Date (MM/DD/YYYY)				
9. CUSTODIAN ACCEPTANCE	The undersigned, U.S. Bank, N.A. by separate agreement and the below signature, offers to s	erve as Custodian in accordance with the Calamos				
This section to be completed by U.S.	Investment Trust Individual Retirement Account Plan once this Application Form has been pro					

9. CUSTODIAN ACCEPTANCE This section to be completed by U.S. Bank, N.A. $\label{eq:bank_section} % \begin{subarray}{ll} \end{subarray} % \begin{subarray}{ll} \end{subar$

Х Signature

Date (MM/DD/YYYY)